

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 5, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 90801, 90885, and 90889 for date of service 08/05/03. EOBs were not submitted by either party; therefore, this dispute will be reviewed in accordance with Rule 134.202 and the Medicare Fee Schedule.

II. RATIONALE

Requestor's position statement dated December 22, 2003 states in part... "On November 15, 2003 we sent a request for reconsideration to ____, regarding the bills for [injured worker]. The carrier has failed to provide Reconsideration Explanation of Benefits within the required 28 day period for the dates of Service 8/5/03..."

The respondent did not respond to the initial request for dispute resolution.

- CPT Code 90801 (60 minutes) – Per Rule 134.202(b) and the Medicare Fee Schedule reimbursement in the amount of \$190.88 (\$152.70 x 125%) is recommended.
- CPT Codes 90855 and 90899 – Per Rule 134.202(c)(6) which states in part "for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decisions, and values assigned for services involving similar work and resource commitments". The requestor did not submit convincing evidence to support amount billed for the disputed CPT codes. Therefore, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 90801 in the amount of \$190.88. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$190.88** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of August 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division
MF/mf